# **EXHIBIT 1**

## Case 1:25-cy-22896-KMW Document 57-1 Entered on ELSD Docket 07/25/2025 Page 2 of 3 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 718554** 

Entity Name: FRIENDS OF THE EVERGLADES, INC.

Mar 18, 2025 **Secretary of State** 5937574462CC

#### **Current Principal Place of Business:**

3727 SE OCEAN BLVD SUITE 200 STUART, FL 34996

#### **Current Mailing Address:**

11767 SOUTH DIXIE HWY. #232 MIAMI, FL 33156 US

FEI Number: 23-7099893 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

STEVEN J. HENRIQUEZ CPA, LLC 5825 SUNSET DR 201 MIAMI, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date Electronic Signature of Registered Agent

Title

Officer/Director Detail:

**PRFS** CONSERVATION CHAIR Title Title

KUSHLAN, PHILIP F Name Name FARAGO, ALAN

11767 SOUTH DIXIE HWY. #232 11767 SOUTH DIXIE HWY. #232 Address Address

MIAMI FL 33156 City-State-Zip: MIAMI FL 33156 City-State-Zip:

Title DIRECTOR Title **SECRETARY** 

Name WICKSTROM, BLAIR WASHBURN, CONSTANCE Name

3727 SE OCEAN BLVD 11767 SOUTH DIXIE HWY. #232 Address Address

SUITE 200

**DIRECTOR** 

City-State-Zip: MIAMI FL 33156 City-State-Zip: STUART FL 34996

VΡ Title

UPTON, PETER Name Name LINVILLE, NATHANIEL

3727 SE OCEAN BLVD Address Address 11767 SOUTH DIXIE HWY. #232 SUITE 200

City-State-Zip: MIAMI FL 33156

City-State-Zip: STUART FL 34996

Title **DIRECTOR** Title DIRECTOR

Name PRESTON, DAVID QUARESMA-SHARP, CAMILA Name

Address 3727 SE OCEAN BLVD 11767 SOUTH DIXIE HWY. #232 Address

SUITE 200 MIAMI FL 33156

City-State-Zip: City-State-Zip: STUART FL 34996

### Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/18/2025 SIGNATURE: EVE SAMPLES **EXECUTIVE DIRECTOR** 

**TREASURER** 

#### Officer/Director Detail Continued:

Title EXECUTIVE DIRECTOR Title

Name SAMPLES, EVE Name TROTTA, RICHARD

Address 3727 SE OCEAN BLVD Address 3727 SE OCEAN BLVD

SUITE 200 SUITE 200

City-State-Zip: STUART FL 34996 City-State-Zip: STUART FL 34996

Title DIRECTOR Title DIRECTOR

Name JUDAH, RAY Name MITCHELL, ROBERT

Address 3727 SE OCEAN BLVD Address 3727 SE OCEAN BLVD

SUITE 200 SUITE 200

City-State-Zip: STUART FL 34996 City-State-Zip: STUART FL 34996

Title DIRECTOR Title DIRECTOR

Name EVANS, JASON Name WAXLER, CAROL

Address 3727 SE OCEAN BLVD Address 3727 SE OCEAN BLVD

SUITE 200 SUITE 200

City-State-Zip: STUART FL 34996 City-State-Zip: STUART FL 34996

Title DIRECTOR Title DIRECTOR

Name MCVOY, CHRISTOPHER Name GARDNER, ROYAL

Address 3727 SE OCEAN BLVD Address 3727 SE OCEAN BLVD

SUITE 200 SUITE 200

City-State-Zip: STUART FL 34996 City-State-Zip: STUART FL 34996